

D-1 040 (R)

City of Detroit Income Tax Individual Return — Resident 1998

STAMP DLN HERE

or Fiscal Year Beginning

M M D D

1998, Ending

M M D D y y y y

Social Security Number

Spouse's Social Security Number

Check here if this return is for a deceased taxpayer

\$

y

First Name

MI

Last Name

MI

Spouse's First Name

MI

Spouse's Last Name

MI

Home Address (Number and Street or Rural Route)

City or Town

State

Zip Code

A. FILING STATUS:

1

Single

EXEMPTIONS: REGULAR

65 or OVER

BLIND

DEAF

DISABLED

C. YOURSELF

y

y

y

y

y

D. SPOUSE

y

y

y

y

y

E. Number of Dependent Children

List all dependents on page 2, part 4.

F. Number of Other Dependents

List all dependents on page 2, part 4.

G. TOTAL Number of Exemptions

Add lines C,D,E and F.

H. Amended return? >

y

1. Is this amended return as a result of a federal audit?

y

J. If Yes, enter the federal determination date

M M D D y y y y

See instructions

INCOME AND ADJUSTMENTS

Dollars

Cents

I. Total Income from W-2 (work location:)

1

2. Other Income (or losses) (from page 2, part 1)

2

3. Subtotal (add lines 1 and 2)

3

4. Deductions from Income (from page 2, part 2)

4

5. Subtotal (line 3 less line 4)

5

6. Exemption amount (multiply the total number of exemptions from line G by \$750.00) ...

6

7. Net Income (line 5 less line 6)

7

8. Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule)

8

9. Total Income Subject to Tax (line 7 less line 8)

9

10. Tax (multiply line 9 by .03 (3.0 %))

10

11. Credit for tax paid to other cities (attach copy of other city returns)

11

12. Total Tax (line 10 less line 11)

12

PAYMENTS AND CREDITS

13. Tax withheld

13

14-1998 estimated payments, credits and other payments (see instructions)

14

15. Detroit tax paid for you by a partnership (from page 2, part 3)

15

16. Total payments and credits (add lines 13 through 15)

16

REFUND OR TAX DUE

17. If line 16 is larger than line 12 enter amount of Overpayment

17

18. Amount to be Refunded (if amended - see instructions)

18

19. Amount to be Credited on 1999 Estimated Tax (if amended - see instructions)

19

20. If line 12 is larger than line 16 enter amount of Tax Due (make check payable to: Treasurer, City of Detroit)

20

Off Ice Use Only

- Attach Copy of Form W-2 Here -

- Attach Check or Money Order Here -

PART I

Other Income (or losses)

1. Interest and dividend income from federal 1040 or 1040A 1. _____
2. Distributions from tax-option corporations (Losses not deductible) 2. _____
3. Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc..) 3. _____
4. Gain (or loss) on sale or exchange of property (attach federal Schedule) 4. _____
5. Net Income (or loss) from partnership (attach federal schedule K-1, etc) 5. _____
6. Net Income (loss) from business or profession (attach federal Schedule C) 6. _____
7. Net Income (loss) from Rent or Royalties (attach federal Schedule E) 7. _____
8. Miscellaneous 8. _____
9. Total Other income (or losses) here and on page 1, line 2 9. _____

Deductions from Income:

PART 2

1. Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form). 1. _____
 2. Moving expense from federal form 3903 (attach federal form) 2. _____
 3. Individual Retirement Account (IRA) and / or Keogh retirement plan and self-employed SEP deductions (attach federal form 1040, page 1) 3. _____
 4. Interest on obligations of the United States or subordinate units included on part 1, line 1 4. _____
 5. Alimony (furnish recipient's name, address and Social Security Number) (attach federal form page 1) 5. _____
- | Name | Address | Social Security Number |
|---------------------------------------------------------------------------------|---------|------------------------|
| 6. Penalty for early withdrawal of savings 6. _____ | | |
| 7. Net operating loss carryover..... 7. _____ | | |
| 8. Other..... 8. _____ | | |
| 9. Enter total deductions from income here and on page 1, line 4 9. _____ | | |

Detroit tax paid for you by a partnership

PART 3

Name of Partnership	Federal Identification Number	Amount
1. _____	_____	_____
2. _____	_____	_____
Total (enter on page 1, line 15)		

PART 4

Enter the first name of the dependent children

Enter the names & Social Security Numbers of other dependents

Signature: (if Joint return, BOTH HUSBAND AND WIFE MUST SIGN)

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief It is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Taxpayer's Signature	Date	Occupation	Home Phone	Work Phone
Spouse's Signature	Date	Occupation	Home Phone	Work Phone
Signature of preparer other than taxpayer	Date	Address	I.D. number	

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 1999 or at the end of the fourth month after the close of your tax year.

Returns With Payments: TREASURER, CITY OF DETROIT
PO. BOX 33530, Detroit, Michigan 48232

Refund and all others: DETROIT CITY INCOME TAX
2 Woodward Room B-3, Detroit, Michigan 48226